Write for date of burial

STATE OF MARYLAND—CERTIFICATE OF DEATH

08441

1. PLACE OF DEATH

County Country Calvert Registration Dist. No. 3 r 5

Village or City North Beach No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Grant Beers If U. S. Veteran, specify WAR Ward War

(a) Residence: No. North Beach St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Married Fannie G.

6. DATE OF BIRTH (month, day, end year): May 14 1888 ~~Aug 25 1940~~

7. AGE: Years 52 Months 3 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Construction

10. Date deceased last worked at this occupation (month and year): Aug 1940

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Washington Dis of Col

FATHER

13. NAME: Henry Clay Beers

14. BIRTHPLACE (city or town) (State or country): Washington DC

MOTHER

15. MAIDEN NAME: Mary E Thompson

16. BIRTHPLACE (city or town) (State or country): Washington DC

17. INFORMANT (Address): Fannie W Beers North Beach Md

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~

Place: Washington DC Date: 8/25, 1940

19. UNDERTAKER (Address): H. J. Gottwald 436-7th St SW Wash DC

20. FILED: Aug. 26, 1940 W. H. Hardesty, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 25 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1940, to Aug 25, 1940

I last saw him alive on Aug 24, 1940; death is said to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary edema	Aug 25/40
Respiratory paralysis	Aug 23/40

Other Contributory Causes of importance:

Collapsed left lung following arrested pulmonary tuberculosis	Aug 24/40 1935

Name of operation: None Date of

Whet test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Grafton D P Bailey M. D.

(Address) North Beach Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

08442

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Calvert County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Adelina Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Enoch Brooks

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 20, 1937

8. AGE: Years 3 | Months 6 | Days 23 | If less than one day hrs. min.

9. Birthplace Adelina
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Robert Brooks
13. Birthplace Calvert Co Md.

MOTHER
14. Maiden name Lillian Offer
15. Birthplace Calvert Co. Md

16. Informant Robert Brooks
Address Adelina Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 8/12/40 (month) (day) (year)

Cemetery or crematory Carroll

Location Barstow

18. Funeral director Robert Brooks
Address Adelina Md.

19. 8/12 1940 (Date rec'd by registrar) I. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1940, at 12 50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 1940, to 19 ,
and that I last saw him alive on Aug 12 1940.

Immediate cause of death Bullet wound of brain.

DURATION 2 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accidental Homicide Date of Aug 12 1940

Where did injury occur? Adelina (City or town) Calvert (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury shot by brother Injured at work?

23. SIGNATURE Gage L. Jett M. D. or other

Address Deputy Medical Examiner Pr Fred Calv. Co. Date signed 8/12/40

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SEP 5 1940
BUREAU Y. S.

08443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-A)

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County Calvert

City or town Dowell

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary L. Coates

3. (b) Social Security Number

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife William Coates

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June, 1885

8. AGE: Years 55 Months 2 Days If less than one day hrs. min.

9. Birthplace Calvert County, Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name John A. Johnson

13. Birthplace Calvert County

MOTHER 14. Maiden name Rodia Foster

15. Birthplace Calvert County

16. Informant William Coates

Address Dowell, Md.

17. (Burial, cremation, or removal. Which?) Date thereof Aug 17, 1940 (month) (day) (year)

Cemetery or crematory St Johns

Location Lusby md

18. Funeral director P. E. Sewell

Address Prince Frederick md

19. Aug. 17 1940 (Date rec'd by registrar) J. F. Pardoe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1940, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3 1940, to 19 , and that I last saw her alive on August 12 1940.

Immediate cause of death Pulmonary Oedema — DURATION 2 weeks

Due to Carcinoma of Cervix uteri — 1939

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Roger Jett M. D. or other

Address Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-e CB

08444

Reg. Dist. No.

1. PLACE OF DEATH:
County: Calvert
City or town: N. Beach
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Wash. D.C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 5323 16th St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Rose Glazer

3. (b) Social Security Number

4. Sex: F
5. Color or race: W.
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Harry Glazer
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept ? 1870
8. AGE: Years: 69 Months: Days: If less than one day ____ hrs. ____ min.
9. Birthplace: Russia (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: Erin Brown
13. Birthplace: Russia
MOTHER
14. Maiden name: Unknown
15. Birthplace: Russia
16. Informant: Mrs. Bertha Mulity
Address: 5323 16th St. N.W.
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Bruce Israel Cem
Location: Oxon Hill Md.
18. Funeral director: B. Dansansky & Son
Address: 3501-14th St. N.W. Wash D.C.
19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 5 1940, at 8:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 5 1940, to Aug 5 1940, and that I last saw her alive on Aug 5 1940.
Immediate cause of death: Cardiac edema
Due to: Myocardial insuff
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [illegible] M.D.
M. D. or other
Address: Huntingtown Date signed: 8/5/40

DR. I.N. KING HAS NO RECORD OF PERMIT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

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AUG 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

08445

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Sunderland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Home of Florence Sullens
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Few hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Owings Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Alvin Fielder Hall

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col.	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): JUNE 17, 1919

8. AGE:

Years	Months	Days	If less than one day
21	3	8	____ hrs. ____ min.

9. Birthplace: Owings, Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Henry A. Hall

13. Birthplace: Md

MOTHER 14. Maiden name: Rachael Holland

15. Birthplace: Md

16. Informant: Father

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 27, 1940 (month) (day) (year)

Cemetery or crematory: Mt Hope

Location: Sunderland, Md.

16. Funeral director: W. D. Hutchins

Address: Mt Harmony

19. 40 Aug 26 1940 (Date rec'd by registrar) W. H. Hardesty. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/25/1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ____ 19__ to ____ 19__, and that I last saw h alive on ____ 19__. Not attended.

	DURATION
Immediate cause of death: Hemorrhage into 4th Ventricle.	1 hr.
Due to: Subarachnoid hemorrhage	1 hr.
Due to: arachnoid	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 8/25/40
Where did injury occur? Sunderland (City or town) Calvert (County) Md. (State)
Injured at home, farm, industry, public place (where?): Farm
Means of injury: Fight Injured at work? No

23. SIGNATURE: C. E. Burroughs
Deputy Medical Examiner for Calvert Co.
Address: Prince Frederick, Md. Date signed

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OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117-a)

CERTIFICATE OF DEATH

08446

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Calvert
City or town Ering
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Calvert
City or town Ering Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Elizabeth Hardesty.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	W.	married

6 (b) Name of husband or wife William H. Hardesty
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
73	— 1	10	hrs. min.

9. Birthplace Chaneyville. (Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business
FATHER 12. Name John B. Howard
13. Birthplace
MOTHER 14. Maiden name Charlotte A. Moreland
15. Birthplace
16. Informant Myra V. Coy
Address Huntingtown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 30 1940 (month) (day) (year)
Cemetery or crematory Cemetery
Location Friendships
18. Funeral director W. H. Hutchins
Address Mt Harmony
19. Aug 28 1940 (Date rec'd by registrar) W H. Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/28 1940, at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 26 1940, to Aug 28 1940, and that I last saw h er alive on Aug 28 1940.

	DURATION
Immediate cause of death Hemiplegia	4 hours
Due to Gastric Ulcer	3 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H Howard M. D. or other
Address Ering Md Date signed 8/29/40

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SEP 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

08447

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH
County Calvert
City or town Dunkirk
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED
(For new born infants give residence of mother)
State Md County Calvert
City or town Dunkirk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Tannon

3. (b) Social Security Number

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/22/40

8. AGE: Years Months Days If less than one day
still born hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Victor Tannon
13. Birthplace Pa

MOTHER
14. Maiden name Laura Walton
15. Birthplace Md

16. Informant Victor Tannon
Address Dunkirk

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory Smithville
Location Dunkirk Md

18. Funeral director Victor Tannon
Address Dunkirk

1940 Aug 23 1940 (Date rec'd by registrar) H. H. Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/22 1940, at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw him alive on 19 .

Immediate cause of death still born

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. M. Ward M. D. or other
Address Grimes Md Date signed 8/22/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 5 1940
BUREAU V. S.

1940
44
56

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-B)

08448

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert

City or town Mt Harmony
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Calvert

City or town Owings Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John T McKenny

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Lizzy McKenny

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1 ~~1856~~ 1860

8. AGE: Years 80 Months ~~Feb~~ 6 Days 4 If less than one day hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Bill McKenny
13. Birthplace Md

MOTHER
14. Maiden name Maria Jolt
15. Birthplace Md

16. Informant Mrs J T McKenny
Address Owings Md

17. Date thereof ~~Aug 19, 40~~ AUG 7, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetary

Location Mt Harmony

18. Funeral director Wm H Hutchins
Address Owings Md

1940 August 17 1940 W. H. Hardesty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5 1940, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Aug 5 1940, and that I last saw him alive on Aug 4 1940.

Immediate cause of death Prostatic carcinoma Nephritis

Due to Uremia Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION
2 yrs
1 yr
4 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature]
M. D. or other

Address Owings Md Date signed

Authorization to change date of burial letter in permanent file under Wm. H. Hutchins, funeral directo

1/8/41

RECEIVED
SEP 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

08449

CERTIFICATE OF DEATH

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Calvert

City or town Chesapeake Beach

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Peter Jacob Mendell

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Mary Catherine Mendell

6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) April 13, 1868

8. AGE:

Years	Months	Days	If less than one day
72	4	7	hrs. min.

9. Birthplace Chicago Ill.

(Town, county, and state)

10. Usual occupation

11. Industry or business Bicycle Business

FATHER 12. Name Jacob Mendell

FATHER 13. Birthplace Holland

MOTHER 14. Maiden name Annie Dykeman

MOTHER 15. Birthplace Holland

16. Informant Mary Catherine Mendell

Address Chesapeake Beach

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Mt. Harmony.

Location

18. Funeral director H. H. Hardesty

Address Mt Harmony

19. (Date rec'd by registrar) August 22 1940 H. H. Hardesty. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20 1940, at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 18 1940, to Aug 20 1940, and that last saw h sm alive on August 20 1940.

Immediate cause of death Coronary Occlusion — DURATION: Aug 17.

Due to

Due to

Other conditions Uremia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Page S Pett M. D. or other

Address Prince Frederick Date signed 8/21/40

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-2)

08450

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH

County: Calvert

City or town: Sunderland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: Sunderland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Loromah Rice

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: colored

8. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Joseph Rice

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 1864

8. AGE: Years: 75 Months: 9 Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Calvert
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Benjamin Smith
13. Birthplace: Calvert Co.

MOTHER
14. Maiden name: Rachel A. Brown
15. Birthplace: Calvert

16. Informant: George Rice
Address: Paris, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/11/40 (month) (day) (year)

Cemetery or crematory: Mt. Hope

Location: Sunderland

18. Funeral director: P. E. Sewell
Address: Pro Pred. Md.

19. 8/10/40 19__ (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 8 1940, at 3:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 3 1940, to August 8 1940, and that I last saw her alive on Aug 3, 1940.

Immediate cause of death: Cerebral Hemorrhage

Due to: Arterio sclerotic + Hypertensive Heart Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 8/3-8/8

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Page Jett M. D. or other

Address: Prince Frederick Date signed 8/9/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

08451

CERTIFICATE OF DEATH

Reg. Dist. No. 521

1. PLACE OF DEATH:

County Calvert

City or town Ches. Beach

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Calvert

City or town Ches Beach Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bessie Shoemaker

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife Theodore Shoemaker

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1887

8. AGE: Years 53 Months 3 Days 4 If less than one day hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Howard Burroughs

13. Birthplace Md

MOTHER 14. Maiden name Alice Ferguson

15. Birthplace D.C.

16. Informant Mrs. Howard Burroughs

Address Ches. Beach

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 30, 1940 (month) (day) (year)

Cemetery or crematory Washingtown D.C.

Location Rock Creek Cemetery

18. Funeral director W. W. Chambers

Address Washington D.C.

19.40 August 27 19.40 (Date rec'd by registrar) W. G. Hardesty. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/27/40 19 , at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw her alive on 19

Immediate cause of death Acute myocarditis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hugh Howard M. D. or other

Address Emory Md Date signed 8/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 26 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170-C) CB

08452

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County: Calvert
City or town: Owings
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County: Washington
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1507 Rosedale NE
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: James Robert Shumaker

3. (b) Social Security Number: 578-01-7054

4. Sex: M
5. Color or race: W.
6. (a) Single, married, widowed, or divorced:
6 (b) Name of husband or wife: none
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): February 25th, 1918
8. AGE: Years 22 | Months 6 | Days - | If less than one day ____ hrs. ____ min.
9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Truck driver
11. Industry or business:
FATHER 12. Name: Ernest J. Shumaker
13. Birthplace: Virginia
MOTHER 14. Maiden name: Elsie Lee
15. Birthplace: Virginia
16. Informant: Ernest J. Shumaker
Address: 1507 Rosedale St N.E. D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 27, 1940 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cem.
Location: Wash. D.C.
18. Funeral director: N. N. Chambers
Address: 517-11th St S.E. Wash
1940 Aug. 26 1940 (Date rec'd by registrar) N. H. Hardisty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/25/1940, at 2 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ to ____ 19__, and that I last saw h____ alive on ____ 19__.
not attended.
Immediate cause of death: Crushing wound of chest.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: 10 min.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Auto Date of: 8/25/40
Where did injury occur? Owings (City or town) Cal (County) Md. (State)
Injured at home, farm, industry, public place (where?): State road
Means of Injury: Auto accident Injured at work? no
23. SIGNATURE: E. T. Briscoe
Deputy Medical Examiner for Cal. Co.
Address: Prince Frederick, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 30 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08453

(95-C)

Reg. Diat. No. 80

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Calvert

City or town: Dowell's

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): one year

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St. Marys County

City or town: Pearsons Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Nellie Ann Watts

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife: Romanus Watts

B(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 4. 1877

8. AGE: Years	Months	Days	If less than one day
63	3	27	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Hilary Briscoe

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Martha Campbell

MOTHER — 15. Birthplace: Maryland

16. Informant: Harvey Watts

Address: Washington, D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/2/40 (month) (day) (year)

Cemetery or crematory: Catholic Cemetery

Location: Solomons, Md.

18. Funeral director: P. E. Sewell

Address: Prince Frederick, Md.

19. 8/31/40 (Date rec'd by registrar) D. E. S. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 31- 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1940, to aug. 21 1940, and that I last saw her alive on July 18- 1940.

Immediate cause of death	DURATION
Due to Cardiac Degeneration	1938
Due to arthritis	1930
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: E. S. Coster M. D. or other

Address: Solomons, Md. Date signed: 8/31/40

RECEIVED
SEP 5 1940
BUREAU V. S.